

DEPARTMENT REPORT

MAY, 2015

DIRECTOR'S OFFICE

Brandon Grimm, Ph.D., Director of the Office of Public Health at the University of Nebraska Medical Center, provided a presentation to the Department's Management Team and to all Health Department staff on Workforce Development and the survey staff will be completing this summer. This will be part of the Department's accreditation process.

The Health Director attended the Hot Wash Meeting on May 14th to discuss next steps after the flood event of early May. Staff also collected cost information for the City's claim to FEMA for funding reimbursement. The information was submitted to FEMA on May 29, 2015. The After Action Meeting is June 2, 2015.

The Department completed the review and update of the Department's Goals and Indicators and they were submitted to the Mayor's Office.

The Health Director attended an orientation for new City Council members Cindi Lamm and Jane Raybould on May 15, 2015.

Mayor Beutler is proposing the appointment of James Bowers to the Lincoln-Lancaster County Board of Health.

The Health Director attended the Tabitha Foundation Board of Directors and Community Health Endowment Board of Trustees meetings.

Mayor Beutler honored the City Service Year Employees at a breakfast on May 11, 2015. Health Department employees receiving recognition for their years of service were:

40 years – Brenda Christie

35 years – Bernice Afuh and Kurt Dodd

30 years – Gwendy Meginnis

25 years – Lori Cook and Paul Drotzmann

20 years – Marilyn Bilka, Harry Heafer, Anita King, Demon Wimes and Judy Halstead

15 years – Justin Daniel, Ron Eriksen, and Lisa Munger

10 years – Gary Bergstrom, Steve Frederick, Raju Kakarlapudi, Renee Massie, and Pam Rowe.

ANIMAL CONTROL

	Sep 12- Apr 13	Sep 13- Apr 14	Sep 14- Apr 15
Pet Licenses Sold	42193	42085	42743
Cases Dispatched	15047	14482	15373
Investigation	16083	15683	16581
Animals Impounded	998	951	910
Dogs	679	781	811
Cats			
Court Citations Issued	212	264	217
Warnings/Defects Issued	10298	10119	11063
Bite Cases Reported	278	275	306
Attack Cases Reported	29	31	35
Dogs Declared Pot. Dangerous	48	45	44
Dangerous Dogs	12	8	14
Animal Neglect Investigations	391	394	350
Injured Animal Rescue	358	394	475
Wildlife Removal	218	227	271
Dead Animal Pickup	1128	1035	1204
Lost and Found Reports	1546	1365	1435
Phone Calls	32590	28918	28758
Average Response Time (in mins)	20	34	27

Animal Control will be doing more public education with pet owners on the importance of getting their pets spayed or neutered. This will include increasing our outreach to low and limited income pet owners that would be eligible for one of our spay/neuter grants. We have worked with the Center for People in Need previously on outreach and by doing and will consider that approach again. In addition we will work with 10 Health and 5 City TV on low cost PSAs and messages that would be suitable to a variety of media formats, including social media sources where appropriate.

There has been an increase in injured animal rescues for the reporting period of 9/14-4/15 (475 calls) compared to the same reporting period 9/13-4/14 (394 calls). Lincoln is fortunate to have several wildlife rescue groups and individuals that take injured wildlife and care for them.

Animal Control completed a 2015 update to our program goals and indicators. This is a necessary and useful process for establishing measurable outcomes for division priorities and communicating expectations to staff and others.

Keeping pets healthy during the summer months means that owners need to check their pets for ticks. Making sure your pets are current on their vaccinations for rabies and preventive treatment for heartworms will help reduce both pet and human risk to disease and illness. Mosquitos are an intermediate host of heartworms and are spread to dogs and cats through the bite of the mosquito.

Animal Control staff and staff from Information Management have been working with potential vendors for what will eventually become the new program for all Animal Control licensing, dispatch, bites, investigations and field operations. Nine vendors for the software have expressed interest to date and we have completed reviews of five of the vendors. After are initial reviews are completed a Request for Proposals will go out to potential vendors. The process has been very thorough and involvement from supervisors has been very important to assuring we are clear in communicating our needs for a new system.

COMMUNITY HEALTH SERVICES

No Report

DENTAL HEALTH & NUTRITION SERVICES

WIC

Caseload (Participation)

Total	
Main	
Cornhusker Clinic	

Food: For November 2014 -

Food Monthly Obligations	\$ 238,578.51
Food Pkg Avg.	\$ 71.03
Women	\$ 41.42
Infants	\$ 148.27
Children	\$ 47.24

Mentoring:

(Number and school)

Students	1 CYF
Interns	
Volunteers	2 UNL- RD
LMEP Residents	1

Dental Health

Total number of clients served during all clinic hours (unduplicated count): 575

Total number of patient encounters (duplicated client count): 698

Total number of patient visits (duplicated provider appointments/visits): 965

Total number of Racial/Ethnic and White Non-English speaking patients: 369 (64%)

Total number of children served: 335 (58%)

Total number of clients enrolled in Medicaid: 382 (66%)

Clients served during Thursday evening hours (unduplicated count): 78

Client encounters during Thursday evening hours (duplicated client count): 80

Patient visits during Thursday evening hours (duplicated provider appointments/visits): 124

Racial/Ethnic and White Non-English speaking patients during Thursday evening hours: 59 (76%)

Children served during Thursday evening hours: 70 (90%)

Patients enrolled in Medicaid during Thursday evening hours: 57 (73%)

Outreach Activities

Children transported from Elliott, Everett and Holmes Elementary Schools in need of urgent dental services:

Total number of children: 22 children for 25 patient provider visits. Total number of children enrolled in Medicaid: 16 (73%)

Total number of children non-Medicaid eligible receiving services at no fee: 6 (27%)
Total of racial and ethnic children: 13 (59%).

Three Dental Students from UNMC College of Dentistry rotated through the Dental Clinic.

ENVIRONMENTAL PUBLIC HEALTH

Food Safety: Food Establishments and Food Handler Training

Goals/Purpose

Protect human health by reducing the risk of foodborne illness.

Methods/Strategies (What we do):

- conduct uniform inspections of food establishments
- conduct new and remodeled facility plan review
- issue permits, collect fees
- provide compliance and foodborne illness prevention assistance
- investigate complaints and foodborne illness outbreaks
- take enforcement actions (NOVs, FENs, Court cases)
- provide food handler training in safe food preparation, hygiene, and sanitization

Indicator (How we measure success)

Maintain number of food safety complaints at less than 325 per year and food-borne illness reports at less than 50 per year.

Inspect 95% of food establishments within established risk based intervals.

Decrease the average number of critical item violations by 5%.

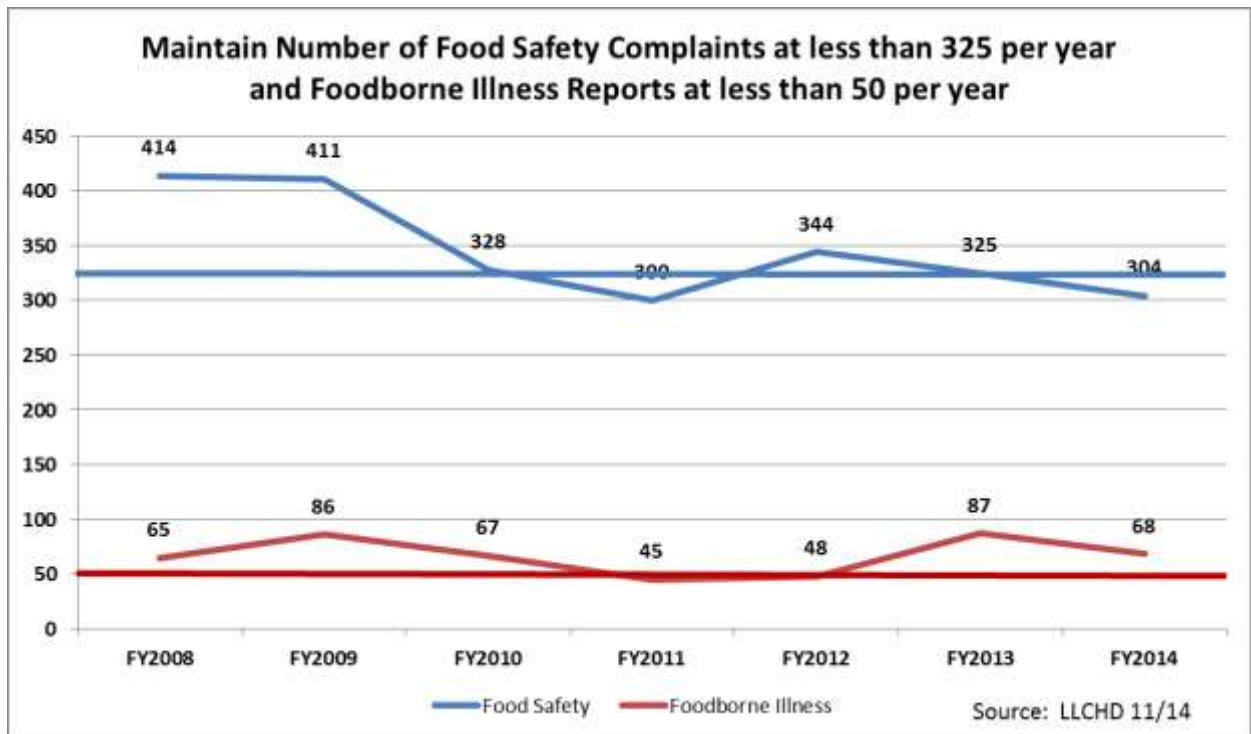
Decrease the average number of regular violations by 5%.

Funding/Source

Fees, State Contract, City/County General Fund; Grants. Direct costs for the Food Safety and Food Handler program is about 85% fee funded.

Comparison

See chart below on complaints. So far in FY15, 277 complaints have been received, with 65 being foodborne illness.



Levels of complaints on food establishments have been trending downward in the last three years, but complaints on foodborne illness have not. The number of complaints is driven not only by local issues, but by highly publicized national outbreaks. For example, national outbreaks included: outbreaks of *E. coli* in spinach, *Salmonella* in peppers, and *Salmonella* in alfalfa sprouts originating in Nebraska in FY08; *Salmonella* in peanut butter in FY09; *Salmonella* in eggs in FY10; and *Cyclospora* in salad greens in 2013. Fewer large outbreaks may have once again resulted in fewer complaints on establishments and fewer reports of foodborne illness in FY11 and FY12.

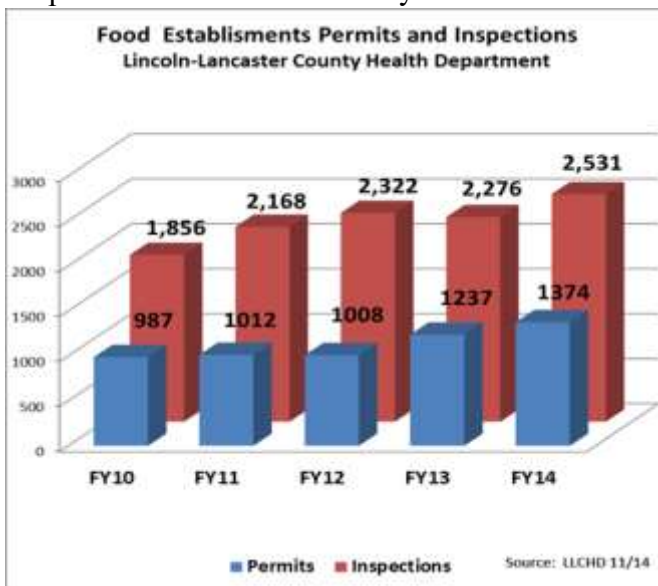
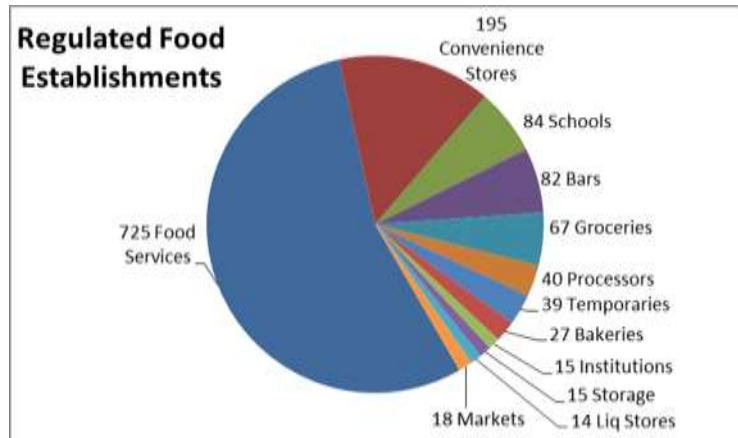
The average number of critical item violations in food establishments (restaurants) has remained stable at around 2.2 to 2.3 per regular inspection. The average number of non-critical item violations has decreased from 7.75 to 5.38 per regular inspection over the last five years.

Average Number of Violations per Year for Food Establishments (Type 01A)					
	FY10	FY11	FY12	FY13	FY14
Critical Item Violation	2.28	2.20	2.29	2.24	2.15
Non-Critical Item Violation	7.75	6.83	6.57	6.21	5.38

Description

In FY14, the Food Safety Program permitted and inspected 1,374 food establishments in Lancaster County, including restaurants, grocery stores, temporary booths, events and farmers' markets. 1073 annual permit renewals were sent out in April of 2015, just 8 more than in 2014. The growth in new establishments, such as in the West Haymarket area, requiring

significant work on plan review, consultation, opening inspections, etc. Lincoln has implemented FDA's Voluntary National Retail Food Regulatory Program Standards and



meets 7 of 9 standards. The standardized approach's goal is to improve food safety in Lancaster County and to reduce food-borne illness. Inspection intervals are risk based and range from 1 to 3 times per year. 2,749 inspections were performed in FY14. Enforcement actions are taken when violations pose a risk to the public's health. In FY14, 347 Notices of Violation and 100 Food Enforcement Notices (FENs) were issued, with two food establishment permits being suspended. All inspection findings for all food establishments are now

available to the public on the Internet. All food establishment employees must have food handler permits and each establishment must have a Food Manager in charge of the operation.

Food Handler and Food Manager Permits Issued

Training food managers and food handlers in safe food handling practices, hygiene, and sanitization is critical to preventing foodborne illnesses in our community. In FY14, 14,278 Food Handler and Food Manager permits were issued (735 FMs). Food handler training and permits are available both on-line through an interactive training program developed with UNL and via in-person classes. About two thirds of the food handler permits were obtained on-line. Food Handler classes are offered at least once per week and Spanish classes are offered at least once per month.

FDA Grant Updates

In 2012, LLCHD received a five year FDA grant to implement an innovative community behavior change model to achieve implementation of Active Managerial Controls (AMC) in the retail food industry resulting in reducing the risk of foodborne illness. The AMCs are focused on five main risk factors identified by CDC that are associated with the majority of foodborne illness outbreaks from retail food establishments. LLCHD's main grant project objective is to strengthen Active Managerial Controls of food safety at the retail level thru a two-part behavioral change intervention strategy: 1. Engage Food Protection Managers in a Community-based Social Marketing Initiative; and 2. Develop a Retail Food Safety Consultant Intensive On-site Intervention.



partnership effort is known as INFUSE. We knew that changing behavior in Food Managers in poorly operating facilities would be hard, and we have experienced many challenges including: entrenched poor food safety practices, lack of fiscal and staff resources, high turnover, operating in survival mode, and lack of interest in policies, logs, and documentation. Most of these have been overcome through LLCHD's Retail Food Safety Consultant building relationships with the Food Managers, being helpful, persistent, consistent, and flexible. We have learned that while providing resources (e.g. logs, thermocouples, and visual cooling guides) is important, consulting with them on how to use them is more important. Helping the Food Managers create a culture of food safety in their establishment through social norming and social diffusion techniques, and emphasizing the most important food safety risks have been successful strategies. To date, 45 AMCs have been adopted in 16 historically poor performing food establishments. Regulatory inspections conducted after the intensive consultations have found an average of less than 1 violation of risk factors most associated with foodborne illness per inspection. Unexpected outcomes included: increased trust by food establishments that had impending enforcement actions, identifying and eliminating practices that present considerable food safety risk that would not be identified in a typical inspection, and food managers accepting that food safety is as vital to their success as food quality.

5 Key Food Safety Risk Factors

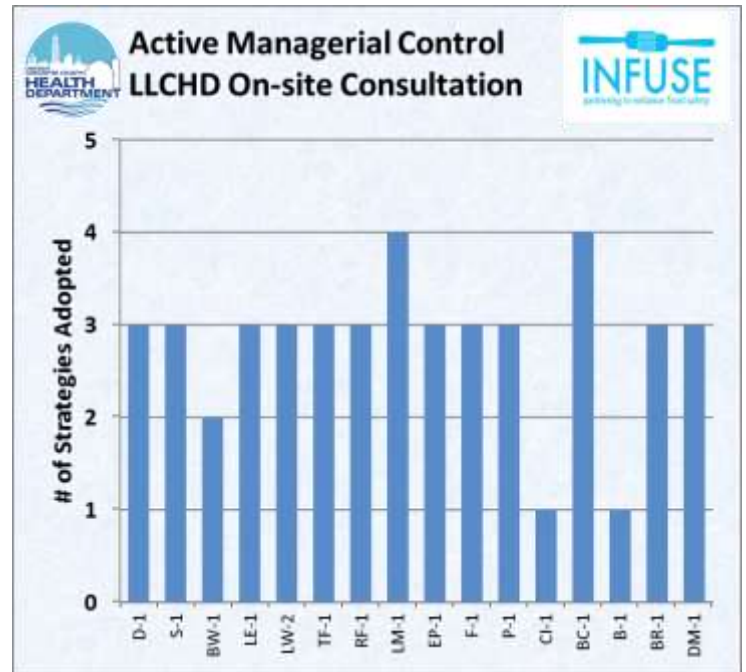
- ★ Inadequate Cooking
- ★ Improper Holding
- ★ Contaminated Equipment
- ★ **Poor Personal Hygiene**
- ★ Improper Food

Source



Food Managers for Excellence Taskforce

The Food Managers for Excellence Taskforce was assembled and launched in the spring of 2014. Food managers from a variety of restaurant and institutional settings across the city were nominated by the Food Safety staff and the LLCHD's Food Advisory Committee comprised of industry representatives. The Taskforce met monthly for the first 4 months and has met bimonthly since that time. The two year goal for the Taskforce is to work through a Community Based Social Marketing (CBSM) approach to behavior change on a single behavior related to a Key Risk Factor for foodborne illness.



Food Managers for Excellence Community-Based Social Marketing



Following a rigorous process, the Taskforce chose hand washing as its targeted behavior from the “Poor Personal Hygiene” Risk Factor. The Food Managers for Excellence Taskforce is comprised of food managers from: The Blue Orchid Thai Restaurant, Runza, Leon’s Grocery/Ideal Grocery, Lincoln Public Schools, Lincoln Pius X High School, Butterfly Bakery, C Berry’s, University of Nebraska-Lincoln Child

Care Center, Beacon Hills Restaurant and Catering, and Engine House Café.

The Food Safety Program also received three separate smaller grants from the Association of Food and Drug Officials/FDA specifically to: update our InspecTab software for conducting electronic food inspections, staff training, and completing a self-assessment of FDA Retail Program Standard #6 Compliance and Enforcement. Excellent progress has been made on updating InspecTab, staff will attend training this fall, and we expect to complete the self-assessment by June 30, 2015.

HEALTH DATA & EVALUATION

On May 21st we held the second meeting of the MAPP (Mobilizing for Action through Partnership and Planning) Committee to help us update the community health assessment that we last conducted in 2010-2011. While staff from the division routinely monitors health status indicators, we also conduct a broader health assessment with the input of our community partners every three to five years. At the first meeting in April the MAPP committee discussed a potential vision statement (where we hope to be as a community in five years) and related principles. After the meeting a group of staff formulated four alternative vision statements from those ideas submitted by participants. We then surveyed members about how they would rank the alternatives. (We were pleased to have 47 people complete the survey.) The results of the survey were presented at the May meeting and, after a little wordsmithing, the group decided on the following Vision, Vision Priorities and Guiding Principles:

Vision: A thriving community where all people are safe and healthy.

Vision Priorities:

- We will make a measurable impact in improving the health of our community.
- We will broaden and strengthen partnerships among community organizations.
- We will optimize health - personal, environmental, and behavioral – for all residents.
- We strive to empower people of all ages to take control of their health.
- We will support an environment that values and respects all citizens.
- We will achieve a community culture of health.
- We will advocate for health equity.

Guiding Principles:

Whole Health
Compassionate
Collaborative
Supportive

Also, at the May meeting we discussed some of the data for the Community Health Status Assessment and for changes to the community profile. Over the next couple of months, we will conduct surveys and focus groups, evaluate the resources and assets in the community and the strengths of our local public health system, prioritize health issues and identify current progress on the goals in the CHIP (Community Health Improvement Plan).

There's a link to the MAPP webpage on the Health Department's home page, which includes the PowerPoint presentations and we will provide updated information as we

proceed with the various assessments. See <http://lincoln.ne.gov/city/health/data/MAPP.htm>.

At the end of school year Tim Timmons stops sending out weekly flu reports. As summer approaches we anticipate increases in diseases associated with outdoor activities. Therefore, we are expecting to see more cases of disease related to tick and mosquito bites. This is also the time of year for bats to be more active so both Animal Control and communicable disease staffs are busy with calls. Summer is also a busy time for investigating food- and waterborne diseases such as campylobacter and salmonella, but fortunately the number of cases most years are not reflective of major outbreaks. Still, this is a good time to remind people to wear DEET or other insect repellents when engaged in outdoor activity, to be careful with food prep and maintain foods at the proper temperatures and to call Animal Control if they have a bat in the house and not to just shew them out of the house.

HEALTH PROMOTION & OUTREACH

Chronic Disease Prevention and Minority Health

Staff have fully implemented the workplan of the Women's and Men's Health grant from the DHHS Lifespan Health Division. This workplan targets those adults that are most at-risk for not receiving preventive health screening and those people who are ready to make healthy behavioral changes. The population served is primarily limited income and/or people of a racial or ethnic minority. Staff assist clients by: helping determine what preventive health screenings may be recommended; helping clients become aware of health resources in the community; and by providing "health coaching" for those clients who are needing support in making healthy behavior changes in such areas as physical activity, achieving a healthy weight, and tobacco cessation. The health coaching is done using a very specific model and includes multiple encounters with the clients. Referral for health coaching comes from the Office of Women's and Men's Health. Since April when staff began client encounters, staff has assisted or is currently assisting 40 clients.

Efforts to promote bicycling and bicycle safety continue to expand:

- Staff presented information on bike safety to 100 adults at a health and safety event at National Research Corporation;
- Information on bike and pedestrian safety was provided to more than 250 children and adults at the annual YMCA Healthy Kids Day event at the Cooper Y.
- Bike to School events were held at Kahoa Elementary School with more than 100 children participating; at Sheridan Elementary with over 80 children participating; at Prescott Elementary School with 65 children participating; at Kloefkorn Elementary with 50 children participating; and at Pyrtle Elementary with more than 100 children participating.

Maternal Child Health Childhood Obesity grant: Staff and community partners continue to promote the 54321GO message across the community. The effort in May focused on #2 – two or fewer hours of screen time per day. The GO Team promoted Screen Free week with a screen-free pass that was supported by a number of community agencies including The Y, The Children’s Museum, Parks and Recreation, The Children’s Zoo, the City Libraries, and others. Rather than watch TV or play video games, 126 children and their families used Screen-Free Week passes to take part in activities offered by the participating community agencies. A short You Tube video promoting reduced screen time can be viewed at this site: <https://youtu.be/otyW0tYEd-Q> Staff has also been utilizing social media to promote the 54321GO message. There are currently 400 followers on Facebook, Twitter, and Pinterest.

Injury Prevention

Staff assisted in coordination of the annual Picnic in the Park/Safe Kids Blast at Pentzer Park in collaboration with The Salvation Army. More than 600 children and adults attended the event. Safe Kids Lincoln Lancaster County had 16 exhibits present and all six task forces were represented. Popular attractions included the Nebraska State Patrol Seat Belt Convincer, the Lincoln Emergency Communication Center, the LES power line demonstration, the LFR fire safety house, and the 54321GO physical activities.

Staff conducted a Nebraska Safe Kids Child Care Transportation Training for Family Service of Lincoln. Eleven childcare workers who provide transportation to children attended this three hour training.

INFORMATION & FISCAL MANAGEMENT

Information Management and Health Data staff are working together on development of Performance Management Tracking. Requirements and data collection templates have been developed.

Information Management Staff have completed the first draft of specifications for a new Animal Control System. We have asked City IS staff to review and make comments. IM and Animal Control staff have been participating in brief demos of existing solutions. The demos allow us to see if the specifications are complete and to encourage vendors to respond to the Request for Proposals (RFP) when it is released. Anticipated release of the RFP is in June.

Fiscal Supervisor is completing the 8 month fiscal review meetings with the Management Team in each division.